

Pre-EDIT

***RETURN TO FMF - LOCATION 7540**

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>09437900</u>	Prepared by <u>09</u>	Tracking Number	
Examiner-GAU <u>SMITH - 2877</u>	Date <u>5-17-04</u>	Week Date	
No. of queries <u>1 CA</u>			

JACKET

- | | | | |
|----------------------|------------------------|--------------------|----------------|
| a. Serial No. | f. Foreign Priority | k. Print Claim(s) | p. PTO-1449 |
| b. Applicant(s) | g. Disclaimer | l. Print Fig. | q. PTOL-85b |
| c. Continuing Data | h. Microfiche Appendix | m. Searched Column | r. Abstract |
| d. PCT | i. Title | n. PTO-270/328 | s. Sheets/Figs |
| e. Domestic Priority | j. Claims Allowed | o. PTO-892 | t. Other |

SPECIFICATION

- a. Page Missing
- b. Text Continuity
- c. Holes through Data
- d. Other Missing Text
- e. Illegible Text
- f. Duplicate Text
- g. Brief Description
- h. Sequence Listing
- i. Appendix
- j. Amendments
- k. Other

MESSAGE

1) Incorrect Numbering: In the Index of Claims, Claims Nos 36 and 48 are both renumbered as Claim #36. There is no claim renumbered as Claim 15. Please resolve this.

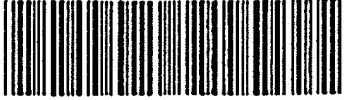
CLAIMS


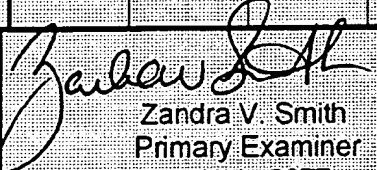
- a. Claim(s) Missing
- b. Improper Dependency
- c. Duplicate Numbers
- d. Incorrect Numbering
- e. Index Disagrees
- f. Punctuation
- g. Amendments
- h. Bracketing
- i. Missing Text
- j. Duplicate Text
- k. Other

initials 09**RESPONSE**

Index of claims corrected

initials JBH

Issue Classification 	Application No. 09/437,908	Applicant(s) ANDERSSON, NILS	
	Examiner Zandra V. Smith	Art Unit 2877	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
356	153			356	399				
INTERNATIONAL CLASSIFICATION									
G	0	1	B	11/26					
G	0	1	B	11/00					
				/					
				/					
				/					
(Assistant Examiner) (Date)  4/9/04 (Legal Instruments Examiner) (Date)				 Zandra V. Smith Primary Examiner Art Unit: 2877 (Primary Examiner) (Date)				Total Claims Allowed: 91 O.G. Print Claim(s) 1 O.G. Print Fig 2	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant								<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1		33	31		52	61			121			181
	2		34	32		53	62			122			182
	3		35	33		54	63			123			183
	4		36	34		55	64			124			184
	5		39	35		56	65			125			185
	6		44	36		6	66			126			186
	7		45	37		7	67			127			187
	8		51	38		19	68			128			188
	9		18	39		20	69			129			189
	10		11	40		41	70			130			190
	11		12	41		42	71			131			191
	12		13	42		60	72			132			192
	13		65	43		61	73			133			193
	14		15	44		21	74			134			194
	15		16	45		22	75			135			195
	16		17	46		62	76			136			196
1	17		40	47		63	77			137			197
2	18		27	48		66	78			138			198
3	19		28	49		67	79			139			199
4	20		29	50		68	80			140			200
5	21		37	51		69	81			141			201
9	22		38	52		70	82			142			202
10	23		57	53		71	83			143			203
14	24		58	54		72	84			144			204
24	25		59	55		73	85			145			205
25	26		46	56		74	86			146			206
26	27		47	57		78	87			147			207
30	28		48	58		79	88			148			208
31	29		50	59		80	89			149			209
32	30		49	60		81	90			150			210